

# **DIVISION OF GRANTS, LOCAL & STATE ASSISTANCE**

**We are pleased to announce funding availability for the FY 2016 State Homeland Security Program (SHSP)**

**This funding opportunity is made available through the Missouri Department of Public Safety, electronic WebGrants System, accessible on the internet:**

**<https://dpsgrants.dps.mo.gov>**





## KEY DATES

- March 1:** Application available on WebGrants
- March 1:** Application Workshop
- March 2:** Application Webinar
- April 15:** Applications due in WebGrants
- May 9-31:** Peer Review
- August 24:** Award/Compliance Workshop
- October 1:** 2016 Inventory due to OHS

## **KEY DATES continued**

**September 1, 2016:** Award Start Date

**August 31, 2018:** Award End Date

***Period of Performance: 24 months***

# 2016 Anticipated Funding

## \$3,978,000

- Local

- 3,182,400
- Regionalization
  - \$2,386,800
- LETPA
  - \$795,600

- State

- \$795,600
- Non-LETPA
  - \$596,700
- LETPA
  - \$198,900

# Eligible Applicants

- State units of government
- Local units of government
- Nongovernmental organizations
- Quasi-governmental organizations
- Nonprofits organizations

# Ineligible Applicants

- Entities located within St. Louis UASI
  - Franklin County
  - Jefferson County
  - St. Charles County
  - St. Louis City
  - St. Louis County

# How to Apply

- Submitted through WebGrants
  - <https://dpsgrants.dps.mo.gov/>
- Application submission deadline
  - Friday, April 15, 2016 5:00 PM

# Application requirements

- SHSP funding allows for the expansion of eligible maintenance and sustainment costs which must be in:
  - direct support of existing capabilities
  - must be an otherwise allowable expenditure under the applicable grant program
  - must be tied to one of the core capabilities in the five mission areas contained within the Goal, and
  - shareable through the Emergency Management Assistance Compact



# Application requirements

- Dual-use quality for any activities not explicitly focused on terrorism preparedness must be demonstrated
- Must consider how to sustain current capability levels and address potential gaps

# Application requirements

- Use of grant funds for Controlled Equipment
  - EO 13688 Federal Support for Local LE equipment acquisition
  - IB 407 Use of Grant Funds for Controlled Equipment

# Application requirements

- Controlled Equipment List
  - Manned Aircraft, fixed/rotary
  - Unmanned aerial vehicles
  - Armored Vehicles, wheeled
  - Tactical Vehicles, wheeled
  - Command and Control vehicles
  - Specialized Firearms and Ammunition Under .50-Cal
    - NOT ALLOWABLE
  - Explosives and Pyrotechnics
  - Breaching Apparatus
  - Riot Batons, Helmets and Shields
    - NOT ALLOWABLE

# Application requirements

- NIMS
  - prior to allocation of any awards, subgrantees must ensure and maintain adoption and implementation of NIMS
- EOPs
  - update at least once every two years
  - Standard, CPG 101 v.2
    - [http://www.fema.gov/pdf/about/divisions/npd/CPG\\_101\\_V2.pdf](http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf)

# Application requirements

- Threat and Hazard Identification and Risk Assessment (THIRA)
  - subgrantees must participate in updating their regional THIRA by June 1, 2016
- EHP Review
  - sub-grantees proposing projects that have the potential to impact the environment must participate in the FEMA EHP review process
    - the review process must be completed before funds are released to carry out the proposed project

# Application requirements

- Subgrantees must utilize standardized resource management concepts such as:
  - typing, inventorying, organizing, and tracking resources that facilitates the identification, dispatch, deployment, and recovery of their resources
- Subgrantees must coordinate with their stakeholders to examine how they integrate preparedness activities across disciplines, agencies, and levels of government

# Application requirements

- **Operational Packages (OPacks)**
  - applicants may elect to pursue operational package (OPack) funding such as:
    - Incident Support Teams (IST), Canine Teams, Mobile Explosive Screening Teams, and Anti-Terrorism Teams
  - applicants must commit to minimum training standards to be set by the DHS for all Federally funded security positions

# Application requirements

- FEMA funds must be used to supplement, not supplant, existing funds that have been appropriated for the same purpose
- Emergency communications activities comply with FY 16 SAFECOM guidance
  - <https://www.dhs.gov/sites/default/files/publications/FY%202016%20SAFECOM%20Guidance%20FINAL%20508C.pdf>



# Points of Contact

- If you have any questions regarding the application process, please call or email:
  - Joni McCarter, 573-526-9020
  - Carrie Kiesling, 573-526-9140
  - Michelle Branson, 573-526-9014

# Application Forms

- Complete each form if required
- **All** forms must be marked complete to submit

Application Forms		<a href="#">Application Details</a>   <a href="#">Submit</a>   <a href="#">Withdraw</a>	
Form Name		Complete?	Last Edited
General Information		✓	02/29/2016
Contact Information			
Project Summary			
Grant Project THIRA			
Grant Project Background *Complete only if previously funded with OHS grant funds*			
Project Milestones			
Deployable Resources *Complete only if funding Deployable Resource*			
SHSGP Budget 2016			
Capitalization Level			
Audit Certification Form			
NIMS Compliance			
Certified Assurances			
Other Attachments			

# Contact Information

- Authorized Official
- Fiscal Officer
- Project Director
- Project Contact Person

## Contact Information

### Authorized Official

*Enter the name and address of the individual who has the authority to legally bind the applicant agency.*

- *City Government - If the applicant agency is a city, the Mayor/City Administrator shall be the Authorized Official.*
- *County Government - If the applicant agency is a county, the Presiding Commissioner shall be the Authorized Official.*
- *Non Profit Board - If the applicant agency is a Non Profit Agency, the Board Chairperson shall be the Authorized Official. In addition, please upload copy of 501C3 in the Other Attachments.*
- *State Government - If the applicant agency is a state department, the Director shall be the Authorized Official.*
- *Regional Planning Commission (RPC) - If the applicant agency is an RPC, the RPC Executive Director is the Authorized Official.*

**Authorized Official:\***

Mr

Title (Mr.Ms.etc)

Bruce

First Name

Clemonds

Last Name

**Job Title:\***

Administrator

**Agency:\***

Missouri Office of Homeland Security

**Mailing Address:\***

2302 Militia Drive

**Street Address 1:**

**Street Address 2:**

# Project Summary

## Project Worksheet

**Project Title:**\*

Project A Title

**Agency Information:**\*

Missouri Office of Homeland Security

Agency Name

A



Region

65101

Project Location  
ZIP Code

**Project Activity Type:**\*

Establish/enhance sustainable Homeland Security Planning Program

**Type of Project:**\*

Sustain an existing project ▼

*Project must start after 09/01/2016.*

**Project Start Date:**\*

10/01/2016



*Project must end before 08/31/2018.*

**Project End Date:**\*

10/01/2017



# Project Summary-Cont.

Investment Justification:\*

Building & Sustaining Regional Collaboration via RHSOC



State Homeland Security Strategy  
Goal:\*

Goal 2 (PREVENT)



State Homeland Security Strategy Goal  
Objective:\*

INFORMATION GATHERING AND RECOGNITION OF INDICATORS AND WARNINGS



Primary Core Capability:\*

Protection Planning



*Project description should be high level description of goal and outcome of the project. Milestones and timelines will be collected on the Milestones form*

Project Description:\*

The description should give enough detail that reviewers may review it and understand the overall goal and outcome of the project. While some agency background and issue history is important it is not necessary to give lengthy description outside of project. Other attachments can be utilized if there are additional supporting documents the agency wishes to provide.



2000 Character Limit

# Grant Project THIRA

- Links to each THIRA are provided in instructions.

*Select Project Title to align THIRA.*

**Project Alignment:\***

*If no project title displays complete the Project Summary of the application first.*

*Select which THIRA the project aligns with.*

**THIRA Alignment:\***

*Select Core capability(s) from the selected THIRA.*

**Core capability(s):\***

*Please press Ctrl + Click to select multiple items*

# Grant Project THIRA-Cont.

*Enter the capability target(s) from selected THIRA.*

**Capability Target(s):\***

Targets from reviewing THIRA's. Links provided above.

*Explain how the project impacts capability gap(s) from the state/regional THIRA Capability Target selected.*

**Impact:\***

*Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use.  
If not explicitly focused on terrorism preparedness, describe Dual Use below.*

**Dual Use:**

Dual use are activities which support the achievement of target capabilities related to terrorism preparedness and may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism.

# Grant Project Background

## Project Background \*Complete only if proposed project was also funded with prior grant funds\*

*For enhancement and sustainment projects, what has already been accomplished related to this project?  
Be sure to refer to exact federal fiscal year (award year) from which funds were used, not the implementation year.*

*Click "Add" to complete. If more than one funding year was utilized, repeat this step for each year up to three years.*

**Project Alignment:\***

Project A Title ▼

*If no project title displays complete the Project Summary of the application first.*

**Federal Fiscal (Award) Year:\***

2014

**Investment Justification:\***

Building & Sustaining Regional Collaboration via RHSOC ▼

*Describe the final accomplishment of this federal grant award.*

**Prior Accomplishments:\***

At the end of the previous awarded projects the final accomplishments is described here.



# Project Milestones

## Project Milestones

*Complete each milestone by selecting \*Add\* fill in the form and save.  
Complete steps for all milestones of the project.*

**Project Alignment\***

Project A Title ▼

If no project title displays complete the Project Summary of the application first.

**Milestone:\***

Initiating-Completing application for funding

*Start date cannot be prior to 09/01/2016  
(except for Initiating-Completing application for funding).*

**Milestone Anticipated  
Start Date:\***

03/01/2016



*Project milestones must be completed by 08/31/2018  
(except for Closing-Reimbursement claims of expenses must be completed by 9/30/2018).*

**Milestone Anticipated  
Completion Date:\***

04/15/2016



**Milestone Description:\***

*Describe the activities you will be completing during this milestone.*

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Complete application with all necessary information and describe all milestone here.

# Project Milestones-Cont.

- Complete steps for each Milestone in project

Initiating-Completing application for funding

Planning-Awards completed, tracking mechanisms setup, Procurement/bid process initiated

Executing-Procurement and ordering of approved budget items & initiation of outlined activities

Executing-Delivery/Installation/testing of approved budget items & completion of outline activities

Monitoring and Controlling-Inventory & record completion of purchases

Closing-Reimbursement claims of expenses

# Deployable Resources

## Deployable Resources \*Complete this section ONLY if funding deployable resource\*

List the name of the deployable resource.

**Item Name:\***

Item Name

**Project Alignment:\***

Project A Title ▼

If no project title displays complete the Project Summary of the application first.

**Project Resource Type:\***

New Deployable Resource ▼

**If the project is for new deployable resources, has the applicant agency attempted coordination of resources?**

☒ Yes ☐ No

**Describe attempts for coordination of resources:**

Describe coordination of resources here.

100 Character Limit

**If sustaining deployable Homeland Security resource, describe how the project sustains the resource?**

100 Character Limit

**Resource Sharable:\***

☒ Yes ☐ No

**Special conditions/requirements on sharing:**

Requires certain permit/training and is described here.

# Deployable Resources-Cont.

## NIMS Kind & Typing

FEMA Resource Typing Library Tool is located at <https://rtlt.preptoolkit.org/Public>.

Is resource NIMS Kind & Typed?\*

☐ Yes ☒ No

Kind & Type Information:  
(ID x-xxx-xxxx Name)

Example: ID 3-508-1032 Mass Casualty Support Vehicle

If not NIMS Kind & Typed, explain why  
it does not meet the typing criteria &  
any plans to move towards becoming a  
typed resource.

# SHSGP Budget

Enter each budget line by selecting 'Add' and completing all required information.

- Personnel
- Benefits
- Travel
- Equipment
- Supplies/Operations
- Contractual

# SHSGP Budget-Cont.

- Provide required justification for all budget lines by clicking 'Edit' at top of the page.
- Instructions specifically state required information. This must be provided at time of application.

# Audit Certification

## Audit Details

*To complete this section select 'Edit' at top of page. After completing required information select 'Save'.*

**Date last audit completed:**  
**MM/DD/YYYY\***

01/01/2016



**Dates covered by last audit:**  
**MM/DD/YYYY-MM/DD/YYYY\***

10/01/2014 - 09/30/2015

**Last audit performed by:\***

Audit Firm A

**Phone number of auditor\***

573-522-6125

*Upload feature is available outside of the edit mode. Save information in form and then upload previous audit file.*

**Upload Last Audit\***

**Date of next audit:**  
**MM/DD/YYYY\***

01/01/2017



**Dates to be covered by next audit:**  
**MM/DD/YYYY-MM/DD/YYYY\***

0/01/2015 - 09/30/2016

**Next audit will be performed by:\***

Audit Firm B

# Audit Certification-Cont.

## Audit Certification

*We have exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year. We will have our Single Audit or Program Specific Audit completed and will submit the audit report within nine (9) months after the end of the audited fiscal year.*

Threshold Exceeded?\* ☐ Yes ☐ No

## Federal Fund Schedule

*Click 'Add' to complete this section. If 'Add' is not available select 'Save' to first save previous section information first. If the project has multiple sources of federal funds, repeat this step to include each source.*

*If a current Federal Funds Schedule is available and uploaded to the attachments section, completing the data entry for each source is not necessary.*

*Federal Funds Schedule should include all open federal awards to the applicant agency (not only Homeland Security funds).*

Federal Grantor	Pass-Through Grantor	Program Name:	CFDA Number:	Contract Number:	Open Federal Award Amount:	Expenditures Current Fiscal Year:	Upload Federal Funds Schedule
					\$0.00	\$0.00	



# NIMS Compliance

- Answer yes or no to the eleven questions.
  - ie. Does the jurisdiction review and revise plans to incorporate NIMS components, principles, and policies?
- If you answered no explain in narrative box the planned activities to strive towards being NIMS compliant.

# Certified Assurances

## Certified Assurances

*To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:*

### SHSGP Certified Assurances

*I am aware that failure to comply with any of the Certified Assurances could result in funds being withheld until such time that I, the recipient, take appropriate action to rectify the incident(s) of non-compliance.*

**I have read and agree to the terms  
and conditions of the grant. \*** ☒ Yes ☐ No

*Your typed name as the applicant authorized official, in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.*

**Title:\***

**Authorized Official Name:\***

**Date:\***



# Submission

- All forms must be marked complete to submit application.

Application Forms		Application Details	Submit	Withdraw
Form Name		Complete?	Last Edited	
General Information		✓	02/26/2016	
Contact Information		✓	02/26/2016	
Project Summary		✓	02/26/2016	
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Project Milestones		✓	02/26/2016	
Deployable Resources *Complete only if funding Deployable Resource*		✓	02/26/2016	
SHSGP Budget 2016		✓	02/29/2016	
Capitalization Level		✓	02/26/2016	
Audit Certification Form		✓	02/26/2016	
NIMS Compliance		✓	02/26/2016	
Certified Assurances		✓	02/26/2016	
Other Attachments		✓	02/26/2016	

Questions?

